

State of Maine (An Equal Opportunity Employer)

Employment Application (revised July 2016)

To CATE S		(Tevisea July 20	10)						
Last Name		First	Name	Name N			Social Security Number		
Have you ever worke different name?	ed, attained lice	ensing or certification, attend	ed scho	ol or been convicted of	a crimi	inal offe	ense under a		
	☐ Yes	\square No If so, what is that	name? (enter below)					
Name #1		Nam	e #2						
Name #3 Name #4									
Mailing Address			Town			State	ZIP Code		
Home Phone #		Work Phone #		Email Address			L		
Title of the Job You	ı're Applying	l For				Job C	lass Code		
	,								
are offered an intervindicate by checking website:									

Geographic Preference

Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

		F :	= Fu	II Tiı	me	P = Part Time		T = Temporary S		S=	Seasonal						
		F	Р	T	S			F	Р	Т	S			F	Р	Т	S
0	All Counties					21	Hancock					42	Piscataquis				
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft				
2	Lewiston					23	Bucksport					44	Greenville				
3	Livermore					24	Ellsworth					45	Sagadahoc				
4	Aroostook					25	Kennebec					46	Bath				
5	Ashland					26	Augusta					48	Somerset				
6	Caribou					27	Augusta-RPC					49	Skowhegan				
7	Fort Kent					28	Waterville					50	Waldo				
8	Houlton					29	Knox					51	Belfast				
9	Madawaska					30	Rockland					52	Washington				
10	Presque Isle					31	Thomaston					53	Bucks Harbor				
11	Van Buren					32	Lincoln					54	Calais				
12	Cumberland					33	Boothbay					55	Eastport				
13	Portland					34	Oxford					56	Machias				
14	Brunswick					35	Norway					57	York				
16	South Portland					36	Rumford					58	Biddeford				
17	Windham MCC					37	Penobscot					59	Kittery				
18	Franklin					38	Bangor					60	Saco				
19	Farmington					39	Bangor BMHI					61	Sanford				
20	Rangeley					40	Charleston										
						41	Millinocket										

Education							
Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Degree Type
High School						xxxx xxxx xxxx	
College or University							
Grad School							
Prof School							
Other							

	Licenses, Certif	ficatio	ns and Registrations				
Name of License, Registration or Certification	License Number	State of Issue Expiration Date					
Impor	tant instructions fo	r Co	mpleting Employme	ent History			
levels of responsibility.	Part or all of your examinat	ion sc	-	on on previous job tasks and work history, including parts. Incomplete applications			
Employer #1			From (mm/dd/yyyy):	To (mm/dd/yyyy):			
Complete Address and ph	one number:		Last Weekly Pay \$				
Your Title:		Hours/Week:					
Number & Titles of Emplo	yees You Supervised:		Supervisor's Name & Title:				
Duties:							
Reason for Leaving:							
Employer #2			From (mm/dd/yyyy):	To (mm/dd/yyyy):			
Complete Address and ph	one number:		Last Weekly Pay \$				
Your Title:		Hours/Week:					
Number & Titles of Emplo	yees You Supervised:	Supervisor's Name & Title:					
Duties:			'				
Reason for Leaving:							

Employer #3	From (mm/dd/yyyy):	To (mm/dd/yyyy):
	-	
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		
Employer #4	From (mm/dd/yyyy):	To (mm/dd/yyyy):
	-	
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:	L	
Reason for Leaving:		
Employer #5	From (mm/dd/yyyy):	To (mm/dd/yyyy):
	-	
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Descen for Leavings		
Reason for Leaving:		

Employer #6	From (mm/dd/yyyy): -	To (mm/dd/yyyy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		
Employer #7	From (mm/dd/yyyy): -	To (mm/dd/yyyy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:		
Reason for Leaving:		
Employer #8	From (mm/dd/yyyy): -	To (mm/dd/yyyy):
Complete Address and phone number:	Last Weekly Pay \$	
Your Title:	Hours/Week:	
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:	
Duties:	1	
Reason for Leaving:		

Have you ever been convicted of any violation of law by any court of law? In military courts martial, traffic violation convictions for Operating Under the In violations that resulted in your license being suspended. Do not include here traffic violations not listed above. Some positions require disclosure of juver these positions will be required to disclose juvenile adjudications on a supple purpose.	nfluence (OUI), or traffic e any juvenile adjudications or nile adjudications. Applicants for
Please print your answer (either "Yes" or "No") in the space provided:	
If yes, please list: Offense(s)	Date of Conviction(s)
Not all conviction(s) or adjudication(s) will automatically disqualify you considered in relation to specific job requirements. Omission or misrepreresult in employment ineligibility.	
Please read and sign the following statement: I certify, under p	enalty of law, that the
information given in this application is correct and complete to the be	st of my knowledge. I am
aware that, should investigation at any time show falsification, I will r	not be considered for
employment or, if employed, I may be dismissed. I hereby authorize	the State of Maine, the
Department of Administrative and Financial Services, Bureau of Huma	n Resources and agencies to
whom my name is certified/referred to make all necessary investigation	ons concerning me, my work
habits, character, or my action in any transaction. I authorize the Sta	ate of Maine to check my
driving record if the position for which I am applying requires driving.	I understand that I may be
asked to submit to a pre-employment drug test, a credit history check	c and/or a criminal history
background check as a condition of employment. I authorize the Burd	eau of Human Resources or its
assignee to receive and make available to other state agencies my ac	ademic records or other
material pertinent to my qualifications, and further authorize and requ	uest each former employer,
person given as reference, educational institution or organization (inc	luding law enforcement
agencies) to provide all information that may be sought in connection	with my application. I
understand and agree that I will be required to ratify the information	contained in this application
by signature as a condition of employment.	
Signature	Date
-	

The State of Maine conducts background checks.

AGENCY PERSONNEL USE ONLY						
Minimum Qualifications	Pass Fail	Date	Rater's Name			
Testing Record	F	Results				
Notes/Comments						
Hired in Classification Title	Agency	Effective Date	Position Number			

APPLICANT INFORMATION INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal being compiled by the Maine Bureau of Human Resources to comply Action requirements. You are not required to furnish this information form is CONFIDENTIAL. The page will be removed from your applica	Opportunity Employer. The information solicited on this page is with Federal record-keeping regulations and EEO/Affirmative on, but your cooperation is encouraged. The information on this
RACIAL/ETHNIC DEFINITIONS O. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. I. BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa. I. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. J. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	1. I have read the paragraph above and do not wish to provide the information. 2. Enter your date of birth (month) (day) (year) 3. Enter your racial/ethnic group code number (refer to definitions at left) 4. What is your sex? A. Female B. Male
DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS: (The requirements are different from State Veterans Preference) VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975. DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.	PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left) 5. Vietnam Era Veteran 6. Disabled Veteran
DEFINITION FOR DISABILITY Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.	PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left) 7. Have a disability as defined 8. Interview accommodations may be necessary due to a disability

Filling of Vacancies

CAREER OPPORTUNITY BULLETINS are published by the Bureau of Human Resources to show typical duties, job requirements, geographic location, salary and availability. Bulletins are available at Maine CareerCenters and on the Internet at http://www.maine.gov/state_jobs. Read the bulletin pertaining to each classification before making application, as supplemental information may be required.

SEPARATE APPLICATIONS: A complete application must be submitted for each separate classification title/code.

SUPPLEMENTAL OR ADDITIONAL INFORMATION: Answer questions or supply additional information to meet requirements as stated within the bulletin.

CLOSED CLASSIFICATIONS: Application material received for closed classes or after the closing date will be returned.

VOLUNTEER WORK: Volunteer work is accepted towards meeting minimum entrance requirements and establishing a score through numerical evaluation of training and experience (T & E). Be sure to provide length and hours per week of assignments.

RESUMES: The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

COPIES OF THE APPLICATION: Please retain a copy of your application before it is submitted to the Bureau of Human Resources.

PROOF: With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING: Reference checks will be completed by the hiring agency before selection. The agency may also verify registrations, certifications, licensing, education or training.

HIRING INTERVIEWS: Interviews are conducted by the agency. Please bring a resume and list of references to the interview.

REGISTER: An eligible register contains the names of all persons who have successfully completed all portions of the examination for the particular classification.

UNCLASSIFIED EMPLOYEES: Unclassified employees are treated as non-state employees for selection purposes in the classified service.

PROBATION PERIOD: All employees must complete at least a six-month probation period. This is part of the selection process.